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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/088791		FILING DATE							
						APPLICANT(S)									
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.			
1	1		1				51								
2		1		1			52								
3		2		1			53								
4		0		1			54								
5		0		1			55								
6		0		1			56								
7		0		1			57								
8		0		1			58								
9		0		1			59								
10	1		1				60								
11		1		1			61								
12		1		1			62								
13		2		1			63								
14		0		1			64								
15		0		1			65								
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17		0		1			67								
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49							99								
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TOTAL O.							TOTAL IND.								
TOTAL P.							TOTAL DEP.								
TOTAL AIMS							TOTAL CLAIMS								